


APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

Title of Invention	Simplified Disabled Housing		
Application Type : regular, utility			
Correspondence address:			
Customer Number:		44315	
Inventor Information:			
<u>Inventor 1:</u>			
Applicant Authority Type:	Inventor		
Citizenship:	US		
Name prefix:	Mr.		
Given Name:	Aaron		
Middle Name:	Robert		
Family Name:	Lema		
Residence:			
City of Residence:	Riverside		
State of Residence:	CA		
Country of Residence:	US		
Address-1 of Mailing Address:	2969 David Street		
Address-2 of Mailing Address:			
City of Mailing Address:	Riverside		
State of Mailing Address:	CA		
Postal Code of Mailing Address:	92506		
Country of Mailing Address:	US		
Phone:	(909)377-9345		
Fax:			
E-mail:	aaron_lemma@yahoo.com		
<u>Assignee 1:</u>			
Name prefix:	Mr.		
Given Name:	Aaron		
Middle Name:	Robert		

Family Name:	Lema
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